PTO/SB/17 (10-08)
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	.	Complete if Known				
Effective on 12/08/ Fees pursuant to the Consolidated Approp	,		0/807,837-Conf. #4419			
FEE TRANSMITTAL				March 24, 2004		
		First Named Inventor Wenfeng Xu				
For FY 2009		Examiner Name		E. G. Stoica		
X Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1		1647		
TOTAL AMOUNT OF PAYMENT (\$) 555.00		Attorney Docket No. 21		.1662/1212631-US2/03-02		
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
X Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FI		ARCH FEES		TION FEES		
Application Type Fee (\$	Small Entity 5) Fee (\$) Fee (\$	Small Entity 5) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)
Utility 330	165 540		220	110	100316	<u> </u>
Design 220	110 100		140	70		•
Plant 220	110 100		170	85		
			650	325		
Provisional 220	110 0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)						
Fee Description Each claim over 20 (including Reissues) 52 26						
Each independent claim over 3 (including Reissues)					220	110
					195	
Total Claims Extra Claim	s Fee (\$) F	ee Paid (\$)	Mu	Itiple Depende		175
- or HP =		Ψ (ψ)	Fee		ee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims Extra Claim	s Fee (\$) F	ee Paid (\$)				-
or HP =						
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50						
sheets or fraction thereof. See 3						
<u>Total Sheets</u> <u>Extra Shee</u>	_	additional 50 or frac		<u>Fee (\$)</u>	<u>Fee P</u>	<u>aid (\$)</u>
100 = /50 = (round up to a whole number) x =						
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 2253 Extension for response within third month 555.00						
SUBMITTED BY						
Signature L. L.	Registration No. (Attorney/Agent) 60,106 Telephone (206) 262-			-8938		
Name (Print/Type) Aaron A. Schützer				Date October 16, 2009		